

June 27, 2001

EPCRA Reporting Center  
P.O. Box 3348  
Merrifield, VA 22116 - 3348  
Attn: Toxic Chemical Release Inventory  
Magnetic Media Submission

NASA LANGLEY RESEARCH CENTER  
N/A  
HAMPTON  
VA 236810001  
TRI Fac. ID: 23681-NSLNG-HUNSA  
05/31/2001

To Whom It May Concern:

Enclosed please find one (1) microcomputer diskette containing toxic chemical release reporting information for:

**NASA LANGLEY RESEARCH CENTER**

This information is submitted as required under Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 and the Pollution Prevention Act of 1990.

We are submitting a total of 1 Chemical Report(s) for our facility.

These 1 chemical report(s) are described below:

<u>Chemical Name</u>	<u>Report Year</u>	<u>CAS Number</u>	<u>Report Type</u>
LEAD	2000	7439921	5-page Form R

Our technical point of contact is:

**MICHELLE MORRIS**

Phone Number: (757) 864-8520

and is available if any questions or problems arise in your processing of these diskettes.

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Sincerely,



ROBERT D. BROWN  
ENVIRONMENTAL MANAGEMENT OFFICE, OSEM



United States  
Environmental Protection  
Agency

# FORM R

## TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,  
also known as Title III of the Superfund Amendments and Reauthorization Act

**WHERE TO SEND COMPLETED FORMS:** 1. EPCRA Reporting Center  
P.O. Box 3348  
Merrifield, VA 22116-3348  
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE  
(See instructions in Appendix F)

Enter "X" here if this  
is a revision

For EPA use only

**Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**

### PART I. FACILITY IDENTIFICATION INFORMATION

#### SECTION 1. REPORTING YEAR 2000

#### SECTION 2. TRADE SECRET INFORMATION

**2.1** Are you claiming the toxic chemical identified on page 2 trade secret?  
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

**2.2** Is this copy ☐ Sanitized ☐ Unsanitized  
(Answer only if "YES" in 2.1)

#### SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

ROBERT D. BROWN

ENVIRONMENTAL MANAGEMENT OFFICE, OSEM

05/31/2001

#### SECTION 4. FACILITY IDENTIFICATION

**4.1** TRI Facility ID Number 23681NSLNGHUNSA

Facility or Establishment Name  
NASA LANGLEY RESEARCH CENTER

Facility or Establishment Name or Mailing Address (if different from street address)  
MAIL STOP 418 - BLDG 1183

Street  
N/A

Mailing Address  
15 HUNSAKER LOOP

City/County/State/Zip Code  
HAMPTON HAMPTON CITY VA 23681-0001

City/State/Zip Code  
HAMPTON VA 23681-0001

Country (Non-US)

**4.2** This report contains information for:  
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☒ A Federal facility d. ☐ GOCO

**4.3** Technical Contact Name MICHELLE MORRIS Telephone Number (include area code)  
(757) 864-8520

**4.4** Public Contact Name MICHELLE MORRIS Telephone Number (include area code)  
(757) 864-8520

**4.5** SIC Code (s) (4 digits) Primary a. 9661 b. c. d. e. f.

**4.6** Latitude Degrees 37 Minutes 05 Seconds Longitude Degrees 76 Minutes 22 Seconds

**4.7** Dun & Bradstreet Number(s) (9 digits) a. NA b. **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) a. VA2800005033 b. **4.9** Facility NPDES Permit Number(s) (9 characters) a. VA0024741 b. **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA b.

#### SECTION 5. PARENT COMPANY INFORMATION

**5.1** Name of Parent Company NA NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

**5.2** Parent Company's Dun & Bradstreet Number NA ☒

# EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

23681NSLNGHUNSA

Toxic Chemical, Category or Generic Name

LEAD

**SECTION 1. TOXIC CHEMICAL IDENTITY**

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

7439921

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

LEAD

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

NA

**1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	X															

**SECTION 2. MIXTURE COMPONENT IDENTITY**

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

NA

**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:

a. ☐ Produce    b. ☐ Import

If produce or import:

c. ☐ For on-site use/processingd. ☐ For sale/distributione. ☐ As a byproductf. ☐ As an impurity

3.2 Process the toxic chemical:

a. ☐ As a reactantb. ☐ As a formulation componentc. ☐ As an article componentd. ☒ Repackaginge. ☐ As an impurity

3.3 Otherwise use the toxic chemical:

a. ☐ As a chemical processing aidb. ☐ As a manufacturing aidc. ☒ Ancillary or other use**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**4.1  (Enter two-digit code from instruction package.)**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE**

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	0	0	
5.2	Stack or point air emissions	NA <input checked="" type="checkbox"/>	NA		
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	KILN CREEK		0	0	100.00
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)

1

\* For Dioxin or Dioxin-like compounds, report in grams/year

\*\* Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

## EPA FORM R

## PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

23681NSLNGHUNSA

Toxic Chemical, Category or Generic Name

LEAD

## SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input type="checkbox"/>	0	0

## SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

## 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

## 6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year\*)  
(enter range code\*\* or estimate)6.1.A.2 Basis of Estimate  
(enter code)

NA

6.1.B.1

POTW Name

NA

POTW Address

City

State

County

Zip

-

6.1.B.2

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box  and indicate the Part II, Section 6.1 page number in this box  (example: 1,2,3, etc.)

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site Location Name

PUBLIC A &amp; SCRAP INC.

Off-Site Address

2050 WEST PEMBORKE AVENUE

City

HAMPTON

State

VA

County

HAMPTON CITY

Zip

23661

Country  
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☒ No

\* For Dioxin or Dioxin-like compounds, report in grams/year

## EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

23681NSLNGHUNSA

Toxic Chemical, Category or Generic Name

LEAD

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. B	1. O	1. M93
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site location Name

PEANUT CITY IRON &amp; METAL INC.

Off-Site Address

425 SOUTH SARATOGA STREET

City

SUFFOLK

State

VA

County

SUFFOLK CITY

Zip

23434-

Country  
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☒ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 53000	1. O	1. M93
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

## SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

1

\* For Dioxin or Dioxin-like compounds, report in grams/year

## EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

23681NSLNGHUNSA

Toxic Chemical, Category or Generic Name

LEAD

## SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 NA 2 3 4

## SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. NA 2. 3. 4. 5.  
6. 7. 8. 9. 10.

## SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 Quantity released ***	0	0	0	0
8.2 Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3 Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4 Quantity recycled onsite	NA	NA	NA	NA
8.5 Quantity recycled offsite	520	340	340	340
8.6 Quantity treated onsite	NA	NA	NA	NA
8.7 Quantity treated offsite	NA	NA	NA	NA
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	53000			
8.9 Production ratio or activity index	0000000.66			
8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1 NA	a.	b.	c.	
8.10.2 NA	a.	b.	c.	
8.10.3	a.	b.	c.	
8.10.4	a.	b.	c.	
8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>